

Frankfort Fire & EMS Citizens Fire Academy Application

Last Name_____First:_____MI:_____ Age:_____

Address:_____

City:_____ Zip:_____ Date of Birth:_____

Home Phone:_____ Cell Phone:_____

E-Mail:_____

How did you hear about the Citizens Fire Academy?_____

What is your purpose for attending?_____

Which classes can you commit to? (circle) Aug.26th Sept.2nd Sept.9th

Sept.16th Sept. 23rd Sept. 30 Oct.7th

T-Shirt size: S M L XL XXL

I do hereby acknowledge and understand that in my participation in the Frankfort Fire & EMS Citizens Fire Academy I may be using a Self-Contained breathing Apparatus (SCBA), firefighter bunker gear, and firefighting tools and equipment. I also acknowledge that with my participation I may be lifting or moving heavy objects up to and possibly exceeding 100 lbs., climbing ladders, being exposed to heights, handling fire hoses, etc. **I understand that all activities in the citizens fire academy are VOLUNTARY, and that I may choose not to participate in any activity I feel uncomfortable with.** I also hereby acknowledge that a doctors physical is not required; however, if I posses any injury or ailment that may preclude me from my activities in the citizens fire academy, i.e. respiratory ailments such as asthma or similar conditions, or previous back, neck or joint injuries I will consult my personal physician before my enrollment in the Frankfort Fire & EMS Citizens Fire Academy.

Signature:_____ Date:_____

Please complete the application form completely and return it to 314 W. Second St. Frankfort, Ky. 40601
Deadline for applications is August 15th, 2008.

Frankfort Fire & EMS Citizens Fire Academy

**Name of
Participant:**_____

In consideration of the benefits that I will receive from my participation in the Frankfort Fire & EMS Citizens Fire Academy, sponsored by the City of Frankfort, I do hereby release the City of Frankfort, it's firefighters, fire officers, public officials, agents, or employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or my property, or my death, arising out of related to any happening or occurrence while I am participating in the citizens fire academy. For the same consideration, I agree to forever hold the City of Frankfort and said persons harmless from any liability, claim, demands, actions or cause of action. In signing this statement, I acknowledge that I have reviewed the overview of activities included in the Frankfort Fire & EMS Citizens Fire Academy application and class schedule and recognize the risks that those activities entail.

Signature_____ Date_____

Frankfort Fire & EMS

Citizens Fire Academy Class Schedule 2008

Week #1 Date: Aug. 26 Location: TBA

- Welcome and overview of course.
- Overview of the department.
- Question/answer session.
- Tour of Fire Headquarters, Fire Administration, and 911 Dispatch Center.

Lead Instructor:

Week #2 Date: Sept. 2 Location: TBA

- Overview of Emergency Medical Services.
- Question/answer session.
- CPR Training.

Lead Instructor:

Week #3 Date: Sept. 9 Location: TBA

- Personal protective equipment (PPE).
- Self-contained breathing apparatus (SCBA).
- Tools and equipment.
- Hands-on training with PPE and SCBA.
- Question/answer session.

Lead Instructor:

Week #4 Date: Sept. 16 Location: TBA

- Overview of fire apparatus.
- Fire streams.
- Water supply.
- Question/answer session.

Lead Instructor:

Week #5 Date: Sept. 23 Location: TBA

- Overview of Technical Rescue Team (TRT).
- Extrication tools.
- Vehicle extrication.
- Question/answer session.

Lead Instructor:

Week #6 Date: Sept. 30 Location: TBA

- Home fire safety.
- Extinguisher use.
- Question/answer session.
- Class review.

Lead Instructor:

Week #7 Date: Oct. 7 Location: TBA

- Ride along.
- Graduation.